

<b>12 Pandemic Influenza Preparedness Planning</b>	
CFR 45 Part 400.5 (i)(4)	
(ORR SL 06-10)	<b>12.1 Governmental Planning</b>
<i>Attachment 12 A</i>	<p>12.1.1 Authority and Infrastructure</p> <p>U.S. Secretary of Health and Human Services (HHS) Michael O. Leavitt and Virginia Governor Timothy M. Kaine agreed on a pandemic influenza planning resolution which defines both the shared and independent responsibilities of HHS and Virginia for pandemic influenza planning and preparedness and establishes dates by which Virginia's preparedness plan will be in place.</p>
	12.1.2 Access and Involvement
<i>Attachment 12 B</i>	<p>12.1.2.a All persons in Virginia, including those served by the Virginia Refugee Resettlement Program, are included in Virginia's pandemic influenza emergency operational planning.</p>
<i>Attachment 12 C</i>	<p>12.1.2.b The Virginia Department of Health Pandemic Influenza Advisory Committee includes both the State Refugee Coordinator and the State Newcomer Health Program Coordinator. These two appointees role is to ensure the Virginia's refugee populations are included all aspects of pandemic planning.</p>
ORR SL 06-10 Item Two	<b>12.2 Demographic Profiling</b>
	<p>The Office of Newcomer Services is developing a demographic profile of (i) the refugee population currently served by its refugee resettlement providers and those they served over the past two years; (ii) the refugee population that may have migrated to Virginia within the last two years; and (iii) the refugee population Virginia anticipates serving through December 2006.</p>
	<p>12.2.1 Representation in State Demographic Profiling</p> <p>12.2.1.a. The Office of Newcomer Services (ONS) will inform emergency planning organizations of the size and location of refugee populations, their language, and their cultural practices through participation on Virginia's Pandemic Influenza Planning Advisory Committee and Department of Emergency Management Vulnerable Populations Committee.</p>

	12.2.1.b. Office of Newcomer Services funded refugee resettlement providers will inform local emergency groups through participation in local planning efforts.
ORR SL 06-10 Item Three	<b>12.3 Refugee Populations Participation</b>
<i>Attachment 12 D</i>	<p>12.3.1 Pandemic Preparedness Planning Team</p> <p>The Office of Newcomers Services (ONS) established a committee to participate in the development of the Virginia Resettlement Program Pandemic Influenza Continuity of Operations Plan. The committee is chaired by the ONS Contract Manager and includes the Virginia Department of Health Newcomer Health Program Coordinator, three refugee resettlement agency directors, and a representative of the Virginia Department of Emergency Management.</p>
	<p>12.3.2 Virginia Department of Health Pandemic Influenza Advisory Committee</p> <p>An advocate for refugees and immigrants, who is also a refugee resettlement agency director, was appointed to the Virginia Department of Health Pandemic Influenza Advisory Committee.</p>
ORR SL 06-10 Item Four	<b>12.4 Refugee Health Program Role</b>
<i>Attachment 12 B</i>	<p>12.4.1 Designing Public Health Measures</p> <p>The Virginia Department of Health Pandemic influenza Plan has eleven supplements which mirror the supplements to the federal plan. These supplements include disease surveillance, laboratory diagnostics, infection control, clinical guidelines, vaccine procurement and distribution, disease control and prevention, travel risks and containment, quarantine strategies, and psychosocial support.</p>
	<p>12.4.2 Implementing Public Health Measures</p> <p>12.4.2.a As a member of the Virginia Pandemic Planning Advisory Committee, the Virginia Department of Health Newcomer Health Program Coordinator will ensure (i) Virginia's pandemic influenza public health measures take into account the health orientation of refugee populations; (ii) existing health protocols are revised to include refugee populations; and (iii) public health nurses who serve refugee populations are informed and knowledgeable about pandemic protocols.</p>

	<p>12.4.2.b As a member of the Office of Newcomer Services Refugee Populations Emergency Preparedness Team, the Virginia Department of Health Newcomer Program Coordinator will ensure that refugee resettlement staff and refugee populations are informed about (i) personal hygiene; (ii) surveillance and containment of contagious diseases; and (iii) and infection control, vaccine distribution, and anti-viral treatments</p>
ORR SL 06-10 Item Five	<p><b>12.5 Information Dissemination</b></p>
	<p>12.5.1 Refugee Understanding of Pandemic Preparedness</p> <p>The Office of Newcomer Services Pandemic Preparedness Planning Team will manage the development of instructional materials on avian influenza for use by resettlement providers to inform refugee populations about potential influenza outbreaks and actions to take if a pandemic is declared by state or federal officials.</p>
	<p>12.5.2 Refugee Access to Information About Pandemic Preparedness</p> <p>The Office of Newcomer Services (ONS) is writing a Virginia Refugee Resettlement Program Continuity of Operations Plan in coordination with the refugee resettlement providers. This plan will set forth communication links at the state and local levels that will inform refugee populations about community pandemic influenza preparedness.</p>
	<p>12.5.3 Informing Refugees of Pandemic an Influenza Outbreak</p> <p>The Virginia Refugee Resettlement Program Continuity of Operations Plan will set forth the methods Virginia will use to ensure that refugee populations receive and understand state and national announcements when a pandemic influenza is declared by emergency preparedness officials.</p>
ORR SL 06-10 Item Six	<p><b>12.6 Continuity of Operations Plan</b></p> <p>The Virginia Department of Social Services (VDSS) is developing a VDSS Continuity of Operations Plan which will define how each program administered by VDSS will continue to operate in the event of an emergency or disaster. Each VDSS operational area, including the Office of Newcomer Services (ONS), is drafting standard operating procedures (SOP). The SOP will define the protocols ONS staff and resettlement staff will follow to ensure continued administration and operation of the Virginia Refugee Resettlement Program in the event of a disaster, including a pandemic influenza.</p>

	<p>12.6.1 Delegation of Authority</p> <p>The Virginia Department of Social Services Continuity of Operations Plan will define under what conditions management decision making authority will be delegated to other individuals both at both the state and local level.</p>
	<p>12.6.2 Infrastructure to Ensure Coordination of Services</p> <p>The plan will define protocols for state and local refugee resettlement program staff to follow to ensure service delivery to refugees during a pandemic influenza, including coordination with state and local government emergency management officials.</p>
	<p>12.6.3 Contact and Emergency Communication</p> <p>The plan will list federal, state, and local officials and organizations with whom the Office of Newcomer Services and refugee resettlement providers will need to communicate before and during a pandemic influenza outbreak. The plan will define what contact information is to be provided, by whom, to whom, and how it will be updated. It will specify how emergency communication will be handled in the event normal communications channels are not available, including a mechanism for communication between the federal Office of Refugee Resettlement and Virginia's Office of Newcomer Services should there be a pandemic influenza.</p>

**Attachment 12 A**  
**TEXT OF PANDEMIC INFLUENZA RESOLUTION**  
**BETWEEN**  
**U.S. SECRETARY OF HEALTH AND HUMAN SERVICES MICHAEL O. LEAVITT**  
**AND**  
**VIRGINIA GOVERNOR TIMOTHY M. KAINE**

Planning Resolution between Secretary of Health and Human Services Mike Leavitt and Governor Kaine of Virginia

**Whereas:**

1. Influenza pandemics have occurred three times in the last century, and history and science suggest that the country and the world could face one or more pandemics in this century;
2. A pandemic can cause severe illness, death and disruption throughout the country and the world, and outbreaks can occur in many different locations all at the same time;
3. Preparing for an influenza pandemic requires coordinated action at all levels of government - federal, state, local, tribal - and all sectors of society, including businesses, schools, faith-based and community organizations, families and individuals;
4. The federal government has committed to taking a leadership role in creating a prepared Nation by monitoring international and domestic outbreaks, providing funding and technical assistance to foster local and state preparedness, stockpiling and distributing countermeasures, developing new treatments, and coordinating the national response;
5. The Secretary of the United States Department of Health and Human Services (HHS) has committed to holding pandemic planning summits in all 50 states, assisting states to improve their level of preparedness;
6. President George W. Bush asked Congress for emergency spending authority to prepare the United States against the possibility of a pandemic. The Congress has provided over \$3 billion for that purpose in the Defense Appropriations Act for 2006, including funding for state and local planning purposes;
7. States and local communities are responsible under their own authorities for responding to an outbreak within their jurisdictions and having comprehensive pandemic preparedness plans and measures in place to protect their citizens;
8. Consistent with its authorities and availability of funding, HHS may provide additional resources for State and local influenza planning and preparedness activities, and require specific preparedness goals and achievement of these goals from States and localities as a condition of financial assistance;
9. Preparedness plans must be continuously exercised and updated to make sure they work and to achieve a stronger level of preparedness; and

10. Pandemic preparedness will help communities deal with any type of medical emergency and will have lasting benefits for the health of our Nation;

11. HHS and [State] share common goals, and have shared and independent responsibilities for influenza planning and preparedness.

**Be it resolved:**

1. HHS will be responsible for:

- a) Continuing to provide substantial guidance and technical assistance to Virginia as it prepares to respond to a possible influenza pandemic. Among other things, HHS, and its operating divisions, coordinates pandemic response activities with state, local and tribal public health and health care agencies; supports state pandemic planning efforts; communicates and disseminates timely influenza pandemic information and technical guidance to state and local public health departments and health care agencies; and provides direct support and technical guidance for epidemiological investigations and diagnostic services through the Centers for Disease Control and Prevention (CDC)..
- b) Consistent with its statutory authorities, direction from Congress, and Departmental regulations and policy, and subject to available funding, providing States financial assistance through funds appropriated as part of the FY 2006 Defense Appropriations Act for the purposes of pandemic planning. Although a portion of those funds will be made available to the state immediately upon receipt of a self assessment of readiness, receipt by Virginia of additional amounts will depend upon achievement of specific preparedness goals as agreed to by HHS and Virginia.
- c) Within six months, reviewing Virginia's plans for use, storage and distribution of antiviral and notifying Virginia of its portion of the federal stockpile of pandemic influenza antiviral drugs.

2. Virginia will be responsible for:

- a) Augmenting state and local planning with a State and Local Pandemic Preparedness Summit.
- b) Updating state pandemic influenza plans based on guidance given in the HHS Pandemic Influenza Plan and the National Strategy for Pandemic Influenza both released in November 2005 and any guidance the Secretary may provide concerning the use of countermeasures necessary to address a pandemic.
- c) Assuring that the operational plan for pandemic influenza response is an integral element of the overall state and local emergency response plan that will coordinate effectively with Emergency Support Function 8, Health and Medical Services, of the National Response Plan and the National Incident Management System.
- d) Establishing a Pandemic Preparedness Coordinating Committee that represents all relevant stakeholders in the jurisdiction (including governmental, public health, healthcare, emergency response, agriculture, education, business, communication, community based, and faith-based sectors, as well as private citizens) and that will assist the State in

# Virginia Department of Health

## Emergency Operations Plan

*Attachment  
Pandemic Influenza*

Revised March 2006

v.03.09.2006

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## **Executive Summary**

Influenza A viruses periodically cause worldwide epidemics, or pandemics, with high rates of morbidity and mortality. Unlike other public health emergencies, an influenza pandemic will affect multiple communities across Virginia, and the entire nation, simultaneously. It is estimated that during eight weeks of pandemic activity in Virginia, as many as 1,137,850 outpatient visits, 24,090 hospitalizations, and 5,380 deaths could occur across the state. The Centers for Disease Control and Prevention estimates that pandemic activity could continue for as long as 18 months, which would greatly increase the number of individuals affected.

Preparedness planning is a shared responsibility that is needed at all levels of government, including state, regional and local levels, as well as in all communities. Local jurisdictions must also be prepared to respond in the context of uncertain availability of external resources and support. Further, because government will not be able to provide all preparedness, response and recovery needs, individual citizens, businesses, non-profit groups, and others should integrate pandemic influenza planning activities into their efforts.

The Virginia Department of Health (VDH) Pandemic Influenza Plan consists of preparedness and response components that are consistent with the Health and Human Services (HHS) Pandemic Influenza Plan. The background section outlines pandemic influenza assumptions, delineates relevant sections of Virginia Code, addresses coordination and decision making, provides background information about influenza, and provides morbidity and mortality projections.

There are eleven supplements to the plan, which mirror the supplements to the federal plan. The surveillance supplement (Supplement 1) provides recommendations for disease surveillance throughout the phases of a pandemic. The laboratory diagnostics supplement (Supplement 2) addresses the role of the Virginia state public health laboratory, the Division of Consolidated Laboratory Services, in influenza surveillance for season flu as well as a novel influenza strain. It also provides recommendations for clinical, local public health and other laboratories. The healthcare planning supplement (Supplement 3) provides healthcare partners with recommendations for developing plans to respond to an influenza pandemic, and the infection control supplement (Supplement 4) outlines strategies for limiting the spread of influenza. For the clinical guidelines supplement, VDH endorses the recommendations in supplement 5 of the HHS Pandemic Influenza Plan. The vaccine distribution and use supplement (Supplement 6) addresses vaccination of priority groups, vaccine procurement and distribution, second-dose planning, vaccine storage and shipment options, and vaccine monitoring, data collection and safety. The antiviral drug distribution and use supplement (Supplement 7) addresses preparedness planning issues such as antiviral procurement, distribution to priority groups, legal preparedness, and data collection. It also includes recommendations for the use of antiviral drugs during the pandemic period. The community disease control and prevention supplement (Supplement 8) addresses disease containment strategies to prevent and decrease transmission during different pandemic phases, and the travel-related risks of disease supplement (Supplement 9) specifically addresses travel-containment strategies, such as health alert notices, interaction with federal quarantine stations, and management of travelers at points of entry into the Commonwealth. Supplement 10, the public health communications section, outlines key influenza pandemic risk communications concepts. The psychosocial support supplement (Supplement 11) outlines services that will help in managing emotional stress during the response to an influenza pandemic.

The Virginia plan is meant to be dynamic, and components will be revised and updated as new information is obtained.

## **I. Background and Purpose**

The Virginia Department of Health (VDH) first developed a Pandemic Influenza Plan in 2002, with revisions made on a regular basis, incorporating updated information about vaccines, antiviral agents, surveillance and investigation, and public information. The current revision of the plan incorporates guidance released from the federal government in the November 2005 U.S. Department of Health and Human Services Pandemic Influenza Plan. The purpose of the VDH plan is to define the public health role in response to pandemic influenza, as well as provide planning guidance for local health departments as well as healthcare and private sector partners. The plan contains eleven supplements that provide guidance on specific planning and response elements.

The plan is an attachment to the VDH Emergency Response Plan, which provides for state, regional and district-level emergency operations in response to a disaster or large scale emergency affecting Virginia and requiring health and medical services, terrorism response, environmental health, mortuary services, and other responses. Information outlined in this Pandemic Influenza Plan addresses issues that are unique to pandemic influenza.

The VDH Office of Epidemiology and the Emergency Preparedness and Response Programs are responsible for periodically reviewing and updating this plan to ensure that information contained within the document is consistent with current knowledge and changing infrastructure.

## **II. Guiding Principles**

VDH will be guided by the following principles in responding to pandemic influenza:

- A. Pandemic planning will be built on all-hazard planning, already underway at local, regional and state levels within Virginia.
- B. In advance of a pandemic, VDH will work with public and private partners to coordinate preparedness activities. Advance preparations can reduce the number of people who become ill or die and can minimize the economic and community impact.
- C. Federal, state and local governments will not be able to address all pandemic influenza needs or meet all resource requests. Responsibility for preparing for and responding to a pandemic spans all levels and sectors. In addition to government entities, healthcare, business, faith-based organizations, schools and universities, volunteer and other groups, and individuals have critical roles to play in pandemic preparedness. VDH encourages all Virginians to be active partners in preparing for a pandemic. An informed and responsive public is essential to minimizing the health effects of a pandemic and the resulting consequences to society.
- D. Sustained human-to-human transmission anywhere in the world will be a triggering event to initiate a pandemic response by federal and state responders.

### **III. Situation and Assumptions**

The following assumptions are made:

- A. Susceptibility to the pandemic influenza subtype will be universal.
- B. The typical incubation period for influenza is one to three days. It is assumed that this would be the same for a novel strain that is transmitted between people by respiratory secretions. Persons who become ill may shed virus and can transmit infection for up to one day before the onset of illness. Viral shedding and risk for transmission will be the greatest during the first two days of illness.
- C. Although pandemic influenza strains have emerged mostly from areas of Eastern Asia, variants with pandemic potential could emerge in Virginia or elsewhere in the U.S.
- D. In an affected community, a pandemic outbreak will last about six to eight weeks. At least two pandemic disease waves are likely. Many geographic areas within Virginia and its neighboring jurisdictions may be affected simultaneously. Localities should be prepared to rely on their own resources to respond.
- E. The seasonality of a pandemic cannot be predicted with certainty. The largest waves in the U.S. during 20<sup>th</sup> century pandemics occurred in the fall and winter. Experience from the 1957 pandemic may be instructive in that the first U.S. cases occurred in June, but no community outbreaks occurred until August and the first wave of illness peaked in October.
- F. An influenza pandemic will present a massive test of the emergency preparedness system. Advance planning for Virginia's emergency response could save lives and prevent substantial economic loss.
- G. There may be critical shortages of health care resources such as staffed hospital beds, mechanical ventilators, morgue capacity, temporary holding sites with refrigeration for storage of bodies, and other resources.
- H. Healthcare workers and other first responders may be at higher risk of exposure and illness than the general population, further straining the healthcare system.
- I. Widespread illness in the community could increase the likelihood of sudden and potentially significant shortages of personnel in other sectors who provide critical public safety services.
- J. Effective preventive and therapeutic measures (e.g., vaccines and antiviral medications) will be delayed and in short supply.
- K. Assuming that prior influenza vaccination(s) may offer some protection, even against a novel influenza variant, the annual influenza vaccination program, supplemented by pneumococcal vaccination when indicated, will remain a cornerstone of prevention.
- L. Surveillance of influenza disease and virus will provide information critical to an effective response.
- M. It is likely that public health will take the lead in distributing influenza vaccine. Health departments will work in partnership with health care providers to facilitate distribution.
- N. An effective response to pandemic influenza will require coordinated efforts of a wide variety of organizations, both public and private, and health as well as non-health related.

#### IV. Authority

Several sections within the Code of Virginia give the Board of Health and the State Health Commissioner the authority to perform certain acts to protect the health of citizens. Authorities that may be exercised during pandemic influenza are listed in Table 1.

**Table 1. Code of Virginia Statute and Corresponding Authority**

Statute	Authority
<b>Reporting of Disease</b> §32.1-35; §32.1-36; §32.1-37	<ul style="list-style-type: none"> <li>Requires reporting of selected diseases to the Board of Health by physicians practicing in Virginia and others, such as laboratory directors, or persons in charge of any medical care facility, school or summer camp.</li> </ul>
<b>Investigation of Disease</b> §32.1-39	<ul style="list-style-type: none"> <li>Authorizes the Board of Health to provide for surveillance and investigation of preventable diseases and epidemics, including contact tracing.</li> </ul>
<b>Authority to Examine Records</b> §32.1-40; § 32.1-48.015	<ul style="list-style-type: none"> <li>Authorizes the Commissioner or his designee to examine medical records in the course of investigation, research, or studies, including individuals subject to an order of isolation or quarantine.</li> </ul>
<b>Emergency Orders and Regulations</b> §32.1-13; §32.1-42; §32.1-20	<ul style="list-style-type: none"> <li>Authorizes the Board of Health to make orders and regulations to meet any emergency for the purpose of suppressing nuisances dangerous to the public health and communicable, contagious, and infectious diseases and other dangers to public life and health.</li> <li>Authorizes the Commissioner to act with full authority of the Board of Health when it is not in session.</li> </ul>
<b>Disease Control Measures</b> §32.1-43; §32.1-47; §32.1-48	<ul style="list-style-type: none"> <li>Authorizes the Commissioner to require quarantine, isolation, immunization, decontamination, and/or treatment of any individual or group of individuals when the Commissioner determines these measures are necessary to control the spread of any disease of public health importance.</li> <li>Permits the Commissioner to require immediate immunization of all persons in the event of an epidemic; permits the exclusion from public or private schools of children not immunized for a vaccine-preventable disease in the event of an epidemic.</li> </ul>
<b>Isolated or Quarantined Persons</b> § 32.1-44	<ul style="list-style-type: none"> <li>Permits any isolated or quarantined person to choose their own treatment, whenever practicable and in the best interest of the health and safety of the isolated or quarantined person and the public.</li> <li>However, conditions of any order of isolation or quarantine remain in effect until the person or persons subject to an order of quarantine or order of isolation shall no longer constitute a threat to other persons.</li> </ul>
<b>Isolation or Quarantine of Persons with Communicable Disease of Public Health Threat</b> § 32.1-48.05 through §32.1-48.017	<ul style="list-style-type: none"> <li>Defines a communicable disease of public health threat as a communicable disease of public health significance coinciding with exceptional circumstances.</li> <li>Authorizes the Commissioner to issue orders of isolation or quarantine for individuals or groups of individuals infected with or exposed to a communicable disease of public health threat.</li> <li>Outlines conditions necessary for invoking orders, process for seeking <i>ex parte</i> court review in the circuit court of residence, and appeal process.</li> <li>Authorizes the Commissioner, during a state of emergency, to define an affected area(s) wherein individuals are subject to an order of isolation and/or quarantine.</li> <li>Authorizes the Commissioner, in concert with the Governor, during a state of emergency to require the use of any public or private property to implement any order of quarantine or order of isolation. Outlines accommodations for occupants of property not subject to the order(s) and compensation.</li> </ul>

## **V. Coordination and Decision Making**

The federal government is responsible for nationwide coordination of the pandemic influenza response. Specific areas of responsibility include the following:

- Conducting outbreak investigations, as requested;
- Conducting special epidemiologic and laboratory-based studies;
- Providing ongoing information from the national influenza surveillance system on the pandemic's impact on health and the healthcare system;
- Expanding the supply of antiviral drugs by stimulating increased U.S.-based production capacity;
- Expanding U.S.-based production capacity for pandemic vaccine and working with manufacturers to ensure that pandemic vaccine is produced at full capacity;
- Distributing public stocks of antiviral drugs and other medical supplies from the Strategic National Stockpile to the states;
- Distributing public stocks of vaccines, when they become available;
- Providing guidance on community containment strategies, including travel restrictions, school closings, and quarantine;
- Communicating with the public via the news media; and
- Monitoring the response.

Specific areas of responsibility for VDH will include:

- Identification of public and private sector partners needed for effective planning and response;
- Development of key components of pandemic preparedness, including surveillance, distribution of vaccine and antivirals, and communications;
- Integration of pandemic influenza planning with other planning activities conducted under the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) bioterrorism preparedness cooperative agreements;
- Providing assistance to local areas in developing and exercising plans; and
- Coordinating with adjoining jurisdictions.

The VDH Commissioner of Health will be responsible for directing implementation of activities outlined in this plan. While the plan serves as a guide for specific influenza intervention activities, during a pandemic, the judgment of public health leadership, based on knowledge of the specific virus, may alter the strategies and recommendations that have been outlined. VDH will also consider input and suggestions from the VDH Pandemic Influenza Advisory Committee, a diverse group of professionals representing various interest groups, as well as public and private agencies across the state. Some issues that are currently being debated and addressed by the VDH Pandemic Influenza Advisory Committee are noted in Appendix A. Organizations represented on the advisory committee can be found in Appendix B.

## **VI. Background Information about Seasonal and Pandemic Influenza**

Influenza, or flu, is a viral infection of the lungs. There are two main types of flu virus, A and B. Each type includes many different strains, and new strains emerge periodically. Influenza





## COMMONWEALTH of VIRGINIA

ROBERT B. STROUBE, M.D., M.P.H.  
STATE HEALTH COMMISSIONER

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Kathy Cooper-State Refugee Coordinator  
Director  
Virginia Department of Social Services  
Office of Newcomer Services  
7 North Eighth Street  
Richmond, VA 23219

April 24, 2006

Dear Ms. Cooper,

I would like to invite you to become a member of the Virginia Department of Health (VDH) Pandemic Influenza Advisory Committee. This committee was first established in the spring of 2005 to advise VDH on its Pandemic Influenza Plan. VDH first developed a plan for a possible pandemic of influenza in 2002; this plan has been updated and revised as more information about influenza, including avian influenza, becomes available. The plan was recently revised to reflect recommendations in the federal Department of Health and Human Services Pandemic Influenza Plan, released in early November, 2005. The VDH plan is available in draft form on the VDH pandemic influenza web site: [www.vdh.virginia.gov/pandemicflu](http://www.vdh.virginia.gov/pandemicflu)

The Pandemic Influenza Advisory Committee has diverse representation from a broad range of state agencies, healthcare organizations and public and private organizations that would be impacted by a pandemic of influenza. The committee has met quarterly and was involved with the recent Virginia Pandemic Influenza Summit on March 23, 2006. The next meeting of the committee will be in late June - we will be determining a specific date shortly. VDH wants to be sure the pandemic influenza plan addresses the needs of the refugee population should we face a major outbreak of influenza.

I look forward to your input as a member of the VDH Pandemic Influenza Advisory Committee. Information from prior committee meetings, as well as the draft VDH plan, are available on the VDH pandemic influenza web site: [www.vdh.virginia.gov/pandemicflu](http://www.vdh.virginia.gov/pandemicflu)

Sincerely,

A handwritten signature in cursive script that reads "Lisa G. Kaplowitz".

Lisa Kaplowitz, MD, MSHA  
Deputy Commissioner, Emergency Preparedness and Response

**VDH** VIRGINIA  
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Kathy Cooper-State Refugee Coordinator  
Director  
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Sincerely,

A handwritten signature in cursive script that reads "Lisa G. Kaplowitz".

Lisa Kaplowitz, MD, MSHA  
Deputy Commissioner, Emergency Preparedness and Response

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## COMMONWEALTH of VIRGINIA

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Sidnee' M. Dallas, RN, B.S.-State Refugee Health Coordinator      April 24, 2006  
Program Coordinator  
Virginia Department of Health  
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Newcomer (Refugee & Immigrant) Health Program  
109 Governor St.  
Richmond, VA 23219

Dear Ms. Dallas,

I would like to invite you to become a member of the Virginia Department of Health (VDH) Pandemic Influenza Advisory Committee. This committee was first established in the spring of 2005 to advise VDH on its Pandemic Influenza Plan. VDH first developed a plan for a possible pandemic of influenza in 2002; this plan has been updated and revised as more information about influenza, including avian influenza, becomes available. The plan was recently revised to reflect recommendations in the federal Department of Health and Human Services Pandemic Influenza Plan, released in early November, 2005. The VDH plan is available in draft form on the VDH pandemic influenza web site:  
[www.vdh.virginia.gov/pandemicflu](http://www.vdh.virginia.gov/pandemicflu)

The Pandemic Influenza Advisory Committee has diverse representation from a broad range of state agencies, healthcare organizations and public and private organizations that would be impacted by a pandemic of influenza. The committee has met quarterly and was involved with the recent Virginia Pandemic Influenza Summit on March 23, 2006. The next meeting of the committee will be in late June - we will be determining a specific date shortly. VDH wants to be sure the pandemic influenza plan addresses the needs of the refugee population should we face a major outbreak of influenza.

I look forward to your input as a member of the VDH Pandemic Influenza Advisory Committee. Information from prior committee meetings, as well as the draft VDH plan, are available on the VDH pandemic influenza web site: [www.vdh.virginia.gov/pandemicflu](http://www.vdh.virginia.gov/pandemicflu)

Sincerely,

A handwritten signature in black ink that reads "Lisa G. Kaplowitz".

Lisa Kaplowitz, MD, MSHA

Deputy Commissioner, Emergency Preparedness and Response

**VDH** VIRGINIA  
DEPARTMENT  
OF HEALTH  
*Protecting You and Your Environment*  
[www.vdh.virginia.gov](http://www.vdh.virginia.gov)





# COMMONWEALTH of VIRGINIA

## DEPARTMENT OF SOCIAL SERVICES

May 25, 2006

Mr. Seyoum Berhe  
Arlington Diocese of Resettlement

Mr. Richard Cline  
Virginia Council of Churches Refugee Resettlement Program

Ms. Susan Donovan  
International Rescue Committee

Ms. Sarah Krause  
Lutheran Refugee & Immigrant Services

Dear Addressees:

This letter is to invite you to be a member of the newly formed Office of Newcomer Services *Pandemic Preparedness Planning Team (PPP Team)*.

The federal Office of Refugee Resettlement (ORR) requested that Virginia submit an amendment to its Refugee Resettlement Program State Plan assuring ORR that Virginia's "refugee program, services, and populations are included in State pandemic influenza emergency operational plans." (ORR State Letter 06-10) Virginia must develop a plan setting forth the steps it will take on behalf of refugees in the event of a pandemic influenza.

The Virginia Department of Health (VDH) sponsored summit on pandemic influenza planning, and the VDH is in the process of finalizing a comprehensive revision to its existing pandemic influenza plan.

The Office of Newcomer Services (ONS) is charged with administering the Virginia Refugee Resettlement Program (VRRP) and has the responsibility of amending the VRRP State Plan and developing emergency plans and protocols in the event of pandemic influenza. Recognizing that pandemic planning is being done at many levels of state and local government, ONS is undertaking a three-pronged approach to meet this federal mandate. All three of these activities are being closely coordinated with the VDH Newcomer Health Program.

1. Establishment of communication channels with the VDH (especially the Pandemic Influenza Emergency Operations Plan Advisory Committee), the Virginia Department of Emergency Management, the Virginia Department of



Education; and the Virginia Chamber of Commerce to insure refugee inclusion in the respective planning by these agencies.

2. Development of informational materials on avian influenza for use in new arrival orientation and for dissemination among, asylees, Cuban/Haitians, Amerasians, and previously arrived refugees.
3. Development of protocols for ONS and refugee resettlement staff to guide them when federal or state officials declare an outbreak.

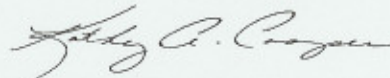
To accomplish these tasks, ONS is forming a *Pandemic Preparedness Planning Team (PPP Team)*. This team will draft refugee-specific protocols; advise ONS as it develops its emergency plans and protocols; and review informational materials developed by the VDH Newcomer Health Program.

The PPP Team will be led by Brent Sutton and Sidnee Dallas will be technical advisor. The PPP Team also will include a representative from the Virginia Department of Emergency Management. The Team will meet monthly from June through September and will be asked to review and comment on written materials throughout this time period. ONS is A representative the Virginia Department of Emergency Management will also be a

Brent will be in touch with you to set the first meeting date. Brent's contact information is [brent.sutton@dss.virginia.gov](mailto:brent.sutton@dss.virginia.gov) or 804-726-7928.

Thank you in advance for your participation on the ONS Pandemic Preparedness Planning Team.

Sincerely,



Kathy A. Cooper  
Virginia State Refugee Coordinator  
Office of Newcomer Services

Copy: Jack Frazier, Director, Division of Community and Volunteer Services